



DON SIEGELMAN  
Governor

# Alabama Medicaid Agency

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MIKE LEWIS  
Commissioner

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## **Provider Notice 02-12**

**TO:** Medicaid Physicians, Pharmacies, FQHC's, RHC's and Nursing Homes

**RE:** Kineret™ Prior Authorization

**Effective January 8, 2003**, the Alabama Medicaid Agency will require prior authorization for payment of Kineret™. The attached form should be utilized by the prescribing physician or the dispensing pharmacy in requesting prior authorization. Requests may be faxed or mailed to:

**Health Information Designs (HID)**  
**Medicaid Pharmacy Administrative Services**  
**P. O. Box 3210**  
**Auburn, AL 36832-3210**  
**Fax: 1-800-748-0116**  
**Phone: 1-800-748-0130**

PA requests failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to Louise F. Jones, Associate Director, Program Management at 334-242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

Mike Lewis  
Commissioner

### Distribution

Alabama Independent Drugstore Association	Alabama Pharmacy Coop	State of Alabama Medical Association
Alabama Pharmacy Association	Alabama Retail Association	Medical Association of the State of Alabama
Alabama Primary Healthcare Association	Alabama Nursing Home Association	Alabama Optometric Association